

INSTITUTE OF LAY FORMATION

Diocese of Winona-Rochester

Forming lay women and men for discipleship and Gospel witness



APPLICATION FORM

Applicant Information...

Name	Date of Birth
Address	
City/Town, State, Zip	
Phone Numbers: Daytime	/ Evening
E-mail address	
	(Spouse's Name)
(Names/Ages of Children:	
/	/ / /
	/ /)
(Have you discussed your application	tion with your family, and are they supportive?
)
Sponsoring Parish/Insti	tution Information
Name of Parish/Institution	
Name of Pastor/Director	
How long have you been a member	er of this parish?
[If applicable How long have ye	ou worked for this church institution?]
Have you met with the pastor/dire	ctor regarding your application? yes / no

Sponsorship Commitments...

Lay formation in the Diocese of Winona-Rochester is carried out within the context and with the support of a Catholic faith community. In light of this, applicants are asked to seek the formal support and sponsorship of a parish/church institution. The sponsoring parish/institution is asked to...

- Arrange for the pastor/director to meet with the prospective student to discuss his/her participation in the Institute before submitting an application.
- Provide formal approval as indicated by the pastor's/director's signature [see below] in support of the prospective student's application.
- > Arrange for the pastor/director, or another designated staff person, to meet with the student on a regular basis during Institute formation to provide support and guidance, and to discuss the student's work in the Institute in relation to the ministry of the parish/institution.
- ▶ [If possible...] Assist in the payment of the student's tuition and/or other expenses related to his/her participation in the Institute.

Statement of Support...

The pastor/director is asked to review the above information under "Sponsorship Commitments" before providing the signature of support below.

Our parish/institution supports and agrees to sponsor the above applicant's participation in the diocesan INSTITUTE OF LAY FORMATION:

Signature of Pastor/Director _____ Date ____

Narrative Information...

Please provide your response to the following item on a separate page, and attach your response to this application. (The maximum suggested length is one page, single spaced.)

Briefly describe why you are interested in participating in the **INSTITUTE OF LAY FORMATION**, and what you hope to gain from this formation experience.

Applicant Signature...

Signature of Applicant Date

Please return this completed application, by Friday, June 29th, to:

Todd Graff • Diocese of Winona-Rochester • P.O. Box 588 • Winona, MN 55987-0588. (Phone: (507) 858-1270 / Fax: (507) 454-8106 / E-mail: tgraff@dow.org)

Thank you!